

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10335	2. Fiscal Year Covered From 1/0/04 Through: 12/31/04
3. Name and address of person filing Name RONALD J CLEMENTS P.O. Box, Bldg., Room No., if any Street 10037 MAYSVILLE RD City FORT WAYNE State INDIANA ZIP Code + 4 46835	4. Name, file number, and address of labor organization. Name CARPENTERS LOCAL 232 Labor Organization File Number #232 047043 P.O. Box, Building and Room Number, if any Street 1520 PROFIT DRIVE City FORT WAYNE State INDIANA ZIP Code + 4 46808
5. Position in labor organization. PRESIDENT OF CARPENTERS LOCAL 232	

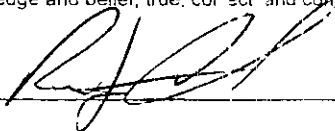
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

Signed



On

8-11-05

Date

(260) 493-4203

Telephone Number

Name of Person Filing RONALD J CLEMENTS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent; or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name IRCC IATF</p> <p>Trade Name, if any: CARPENTER + MILLWRIGHT TRAINING PROGRAM</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 625 E. 38 ST.</p> <p>City INDIANAPOLIS</p> <p>State INDIANA</p> <p style="text-align: right;">ZIP Code + 4 46226-5603</p>	<p>9. Business deals with</p> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> <input checked="" type="radio"/> a Labor Organization </div> <p><input type="radio"/> b Trust</p> <p><input type="radio"/> c Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p style="text-align: right;">ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; font-size: 1.2em;">PROVIDE TRAINING</p>
	<p>11.b. Approximate dollar value of such dealing VARIES</p>
	<p>12.a. Nature of interest held or income received.</p> <p>• CARPENTER INSTRUCTOR WAGES, BENEFITS, AND EXPENSES REIMBURSEMENT</p> <p>• DIRECTOR OF EDUCATION WAGES, BENEFITS, AND EXPENSES</p>
	<p>12.b. Amount. 102,958.41</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p style="text-align: right;">ZIP Code + 4</p>	<p>14.a. Nature of payment</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>